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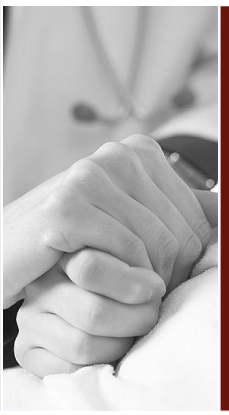
SD Foundation for Medical Care

What's Your Number?

Understanding the Quality Measure Composite Score and Composite Score Calculator Tool



This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-GPQIN-SD-C2-67-0615

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Objectives

- Identify the significance of the Nursing Home Quality Composite Score and how it can help with focusing QAPI goals
- Learn how to calculate your nursing home's quality measure composite score and how to forecast scores using the *new composite predictor calculator tool*
- Introduce the Great Plains Quality Milestones Recognition Program

Polling Questions

Q1: Are you familiar with the Nursing Home Quality Composite Score?

a. Yes

b. No

Q2: Have you received your Composite Measure Quarterly report from SDFMC?

a. Yes

b. No

Q3: If Yes to Q2, have you had the opportunity to review?

a. Yes

b. No

What is the Nursing Home Quality Composite Measure?

- Developed to measure progress in the NNHQCC from a systems' perspective
- Derived from MDS 3.0 data translated into long-stay quality measures on CASPER report
- Does not replace or supersede 5-Star Quality Rating System or other local or federal initiatives
- Collaborative Goal: 50% of our homes will achieve a 6.00 or lower at least once during this collaborative

Why a Score of 6.00 or Less?

- CMS identified 10 high-performing nursing homes in the 10th Scope of Work
  - ❖ Had average Composite Score of 6.00
- Nationwide, only 10 percent of nursing homes had a Composite Score of 6.00 or less

NNHQCC Quality Composite Measure Score Includes 13 NQF-Endorsed Long Stay QMs

1. Percent of residents who self-report moderate to severe pain
2. Percent of high-risk residents with pressure ulcer
3. Percent of residents physically restrained
4. Percent of residents with one or more falls with major injury
5. Percent of residents who received antipsychotic medications
6. Percent of residents who have depressive symptoms
7. Percent of residents with a UTI
8. Percent of residents with catheter inserted or left in bladder
9. Percent of low-risk residents with loss of bowels or bladder
10. Percent of residents who lose too much weight
11. Percent of residents whose need for help with ADL has increased
12. *Percent of residents assessed and appropriately given flu vaccine
13. *Percent of residents assessed and appropriately given pneumococcal vaccine

*Not found on CASPER QM Report

Isn't the 5-Star Rating Enough?

- 5-Star Quality Measure Ratings are updated quarterly (mid-month January, April, July and October)
- Composite Score can be measured monthly
- Calculated and updated more frequently than 5-Star Quality Rating System
- Nursing homes can calculate their own Composite Score

How Do I Get My NNHQCC Quality Composite Measure Score?

- SD/Great Plains QIN will provide quarterly reports lori.hintz@area-a.hcqis.org / 605-354-3187
- You can manually calculate your own score

or

- You can use the Composite Predictor Calculator to calculate current Composite Score and apply some *"What if"* scenarios

SD/Great Plains QIN *"Long Stay Quality Measure Performance Report" featuring composite score. Designed just for YOU!*

Let's take QUICK Tour

Figure 1

Face page of report

SD/Great Plains QIN will provide quarterly (Mar, June, Sept, Dec) via email or mail to Administrator

	Definition
Composite Score	The composite score is calculated by summing the 13 measure numerators to obtain the composite numerator, summing the 13 measure denominators to obtain the composite denominator, then dividing the composite numerator by the composite denominator and multiplying by 100.
Composite Score Measures	The composite score is comprised of 13 National Quality Forum-endorsed long-stay quality measures that represent systems in the long term care setting.
SDQCC	South Dakota Quality Care Collaborative. This is a regional benchmark using data only from South Dakota nursing homes participating in the NNHQCC. Data points for the SDQCC are elastic. In each subsequent report, the regional benchmark data points for the time period shown are likely to change slightly as more nursing homes join the NHQCC as participants. Once a nursing home joins the NNHQCC, its data will be included in all Composite Score calculations shown in the report, including the months previous to when the nursing home joined.
STATE	This is a state benchmark using data from all nursing homes in the state in which your nursing home is located. It includes nursing homes that have and have not joined the NNHQCC.
NNHQCC	National Nursing Home Quality Care Collaborative. This is a national benchmark.
Target	The target is to have a composite score of 6.0 or less.
Data Source	Mature data from the Minimum Data Set (MDS) 3.0.

Page 2 – Definitions

Figure 2

	Quality Measures												
	ADL	Falls w/ Major Injury	Pain	Catheter	UTI	Incontinence	Physical Restraints	Pressure Ulcer	Antipsych Meds	Depression	Weight Loss	FLU Vaccine	PNE Vaccine
14MAY	14.58	1.69	11.63	5.77	0.00	30.43	0.00	5.56	19.30	7.02	7.27	1.69	10.17
14JUN	10.20	1.72	8.89	5.77	0.00	20.83	0.00	8.82	17.86	8.62	5.56	3.45	10.34
14JUL	16.33	1.75	6.38	5.56	0.00	26.92	0.00	9.38	18.18	8.93	5.36	3.57	10.53
14AUG	14.89	1.82	4.65	7.55	0.00	30.43	0.00	6.25	20.75	7.55	3.64	5.56	12.73
14SEP	18.00	1.75	4.65	7.14	0.00	29.17	0.00	5.88	21.82	9.09	12.28	5.45	12.28
14OCT	10.20	1.75	6.82	7.14	0.00	41.67	0.00	6.25	21.82	7.27	12.28	10.71	12.28
14NOV	8.16	1.75	4.35	7.27	0.00	41.67	0.00	6.45					
14DEC	4.08	1.69	4.35	7.14	0.00	40.74	0.00	3.03					
15JAN	8.51	3.45	6.67	7.27	0.00	33.33	0.00	3.23					
15FEB	11.11	3.57	9.30	7.84	0.00	34.62	0.00	3.70					

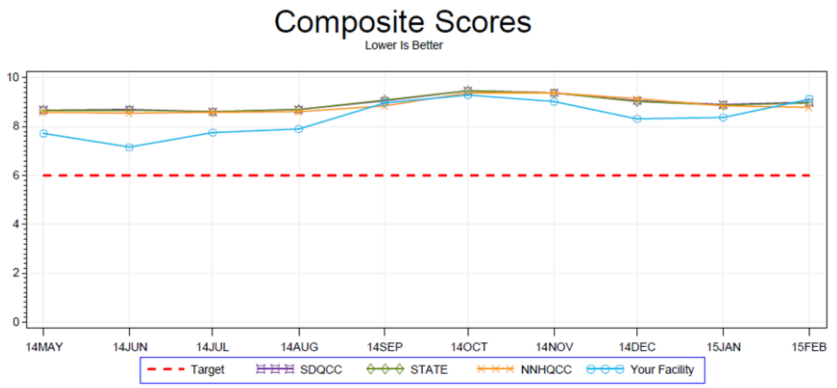
Composite Scores				
Your Facility	SDQCC	State	NNHQCC	Target
7.73	8.69	8.68	8.58	6
7.15	8.69	8.69	8.57	6
7.76	8.61	8.60	8.58	6
7.91	8.70	8.71	8.62	6
8.98	9.06	9.10	8.85	6
9.30	9.46	9.47	9.38	6

***Page 3 – OVERALL SNAPSHOT** of QMs specific for Composite Score calculation displayed in graph and table format*

- ***Expressed as percentages***
- ***Features monthly data, trending and comparisons***

Overall Composite Score with Trending and Comparison Data All In One Graph also on Page 3 of report

SD Composite Trends		Nat'l NHQCC Trends
8.68	May 2014	8.58
9.47	Oct 2014	9.38
8.96	Feb 2015	8.80



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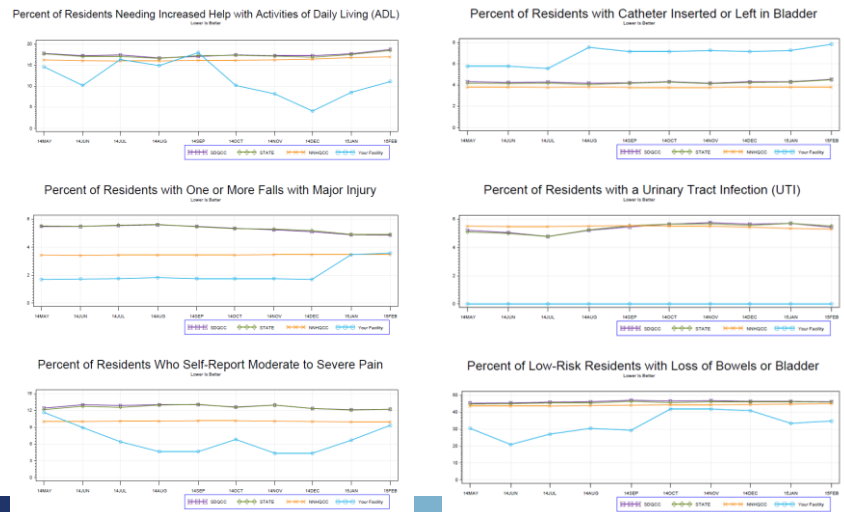
Report also includes graphs of each QM with trending and comparison data



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How Do I Calculate My Facility's Composite Score?

- Pull CASPER Facility Quality Measure Report – 6 month time period
- Influenza and pneumococcal vaccine MDS 3.0 data
- Calculate by hand or use Composite Score Predictor Calculator

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Influenza & Pneumococcal QM

- Not a quality measure on CASPER report
- Calculated with current facility data
- QIN-QIO can provide current CMS data calculation derived from MDS 3.0 submissions

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Influenza Vaccine Numerator

Goal: Appropriately vaccinate all residents

If resident meets any of the following on MDS 3.0 – consider it as a yes/appropriately vaccinated:

- Received influenza vaccine during the current or most recent influenza season, either in the facility (O0250A = 1) or outside the facility (O0250C = 2)
- Offered and declined the influenza vaccine (O0250C = 4)
- Ineligible due to contraindications (O0250C = 3)

Pneumococcal Vaccine Numerator

Goal: Know pneumococcal status of all residents

If resident meets any of the following on MDS 3.0 – consider it as a yes/appropriately vaccinated:

- Up to date pneumococcal vaccine status (O0300A = 1)
- Offered and declined the pneumococcal vaccine (O0300B = 2)
- Ineligible due to medical contraindications (O0300B = 1)

"Reverse" Numerator Calculation for Influenza Vaccine

Influenza Vaccine Example

- 48 residents have met the requirements to be counted in the Influenza Quality Measure
- 50 residents are currently in the facility

Reverse Numerator:

- 50 residents possible – 48 actually impacted = 2

When calculating the Composite Score

- Numerator = 2
- Denominator = 50

"Reverse" Numerator Calculation for Pneumococcal Vaccine

Pneumococcal Vaccine Example

- 50 residents have met the requirements to be counted in the Pneumococcal Quality Measure
- 50 residents are currently in the facility

Reverse Numerator:

- 50 residents possible – 50 actually impacted = 0

When calculating the Composite Score

- Numerator = 0
- Denominator = 50

Another way to look at it . . .

For the Numerator: The # of residents that were **NOT** offered the vaccine that should have been *(if they were offered and declined, medically contraindicated that is considered to be a yes)*

AND

For the Denominator: Simplest is to just use your Facility Census

How Does the Seasonal Influenza Vaccine Affect My Score?

Two periods of fluctuations:

- Time period ends at the beginning or during the flu season, when many residents haven't been assessed and appropriately given the vaccine
- Definition of "current" flu season varies among healthcare providers and across states

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
SR Mod/Severe Pain (S)	*N001.01*		5	15	33.3%%	33.3%	20.3%	19.3%	**86***
SR Mod/Severe Pain (L)	N014.01		6	40	15.0%	11.0%	10.0%	8.9%	69
Hi-risk Pres Ulcer (L)	N015.01		2	30	6.7%	6.7%	4.9%	7.1%	54
New/worse Pres Ulcer (S)	N002.01		1	21	4.8%	4.0%	1.7%	1.4%	**91***
Phys restraints (L)	N027.01		0	50	0.0%	0.0%	0.7%	1.5%	0
Falls (L)	N032.01		31	50	62.0%	62.0%	58.3%	44.5%	**90***
Falls w/ Maj Injury (L)	N013.01		4	50	8.0%	8.0%	4.8%	3.3%	**94***
Antipsych Med (S)	N011.01		0	15	0.0%	0.0%	1.9%	2.9%	0
Antipsych Med (L)	N031.02		15	48	31.3%	31.3%	21.6%	19.2%	**94***
Antianxiety/Hypnotic (L)	N033.01		0	26	0.0%	0.0%	7.1%	11.0%	0
Behav Sx affect Others (L)	N034.01		1	47	2.1%	2.1%	27.5%	25.0%	3
Depress Sx (L)	N030.01		1	48	2.1%	2.1%	7.5%	6.8%	42
UTI (L)	N024.01		1	50	2.0%	2.0%	5.3%	6.8%	19
Cath Insert/Left Bladder (L)	N026.01		0	48	0.0%	0.0%	3.9%	4.1%	0
Lo-Risk Lose B/B Con (L)	N025.01		12	31	38.7%	38.7%	43.4%	43.5%	40
Excess Wt Loss (L)	N029.01		1	50	2.0%	2.0%	8.5%	8.8%	9
Incr ADL Help (L)	N028.01		5	46	10.9%	10.9%	16.3%	16.2%	28

Data provided is fictional

Manual Composite Score Calculation

Measure Description	CMS ID	Data	Num	Denom
SR Mod/Severe Pain (S)	N001.01		5	15
SR Mod/Severe Pain (L)	N014.01		6	40
Hi-risk Pres Ulcer (L)	N015.01		2	30
New/worse Pres Ulcer (S)	N002.01		1	21
Phys restraints (L)	N027.01		0	50
Falls (L)	N032.01		31	50
Falls w/ Maj Injury (L)	N013.01		4	50
Antipsych Med (S)	N011.01		0	15
Antipsych Med (L)	N031.02		15	48
Antianxiety/Hypnotic (L)	N033.01		0	26
Behav Sx affect Others (L)	N034.01		1	47
Depress Sx (L)	N030.01		1	48
UTI (L)	N024.01		1	50
Cath Insert/Left Bladder (L)	N026.01		0	48
Lo-Risk Lose B/B Con (L)	N025.01		12	31
Excess Wt Loss (L)	N029.01		1	50
Incr ADL Help (L)	N028.01		5	46
Influenza Vaccine (reverse numerator)			2	50
Pneumococcal Vaccine (reverse numerator)			0	50
			49	591

Total Sum of 13 QMs
(shown in red on example)
Sum Numerators = 49
Sum Denominators = 591
then
Numerator divided into Denominator and Multiply by 100
49/591 * 100 = 8.29

Composite Score = 8.29

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EASIER WAY!

Calculate Composite Score Using the Composite Predictor Calculator

- Kansas Great Plains QIN (our partner state) developed tool
- **Aim**: NH can plug in the specific CASPER QMs used for QM Composite Measure Score to calculate own composite score
- **Added Bonus**: NH able to apply scenarios to what their composite score might look like if they changed certain numerators

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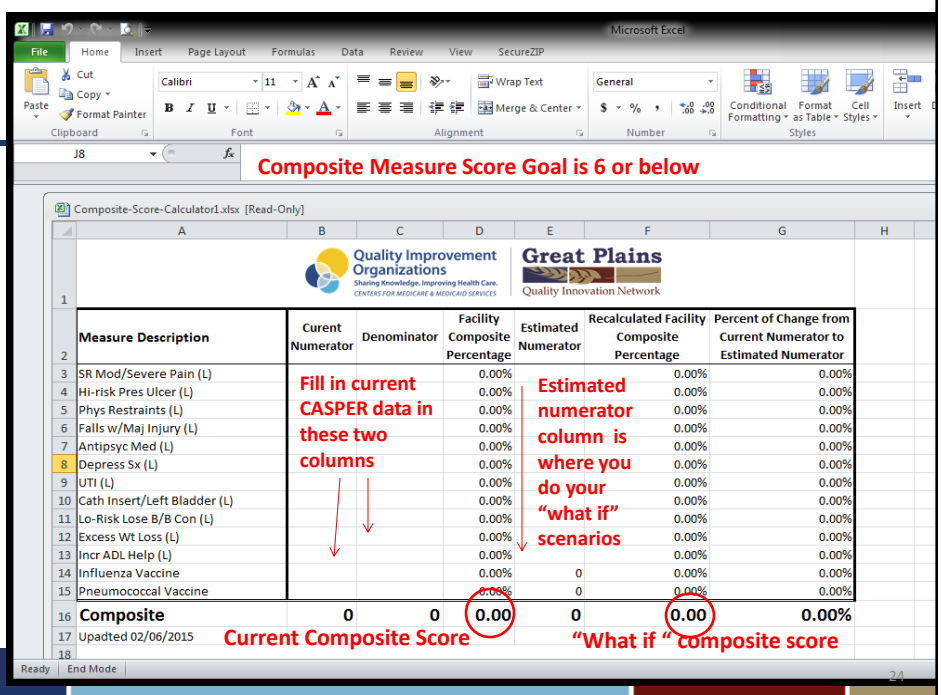
Where Can I Download This Tool?

- http://greatplainsqin.org/initiatives/hac-nh/
  - Scroll down page to the resources and look for composite calculator
  - 2 excel versions available
- Excel file with locked cells (*you can't mess it up!)*
- Download and save; preserve blank copy – each time you input data, "Save as…"
- Short video tutorial available here: http://youtube.com/ZLhVJEmzvuY



Plug in CASPER QM Data in Composite Calculator

Measure Description	CMS ID	Data	Num	Denom
SR Mod/Severe Pain (S)	N001.01		24	135
SR Mod/Severe Pain (L)	N014.01		3	104
Hi-risk Pres Ulcer (L)	N015.01		5	96
New/worse Pres Ulcer (S)	N002.01		0	152
Phys restraints (L)	N027.01		0	125
Falls (L)			54	125
Falls w/Maj Injury (L)			7	125
Antipsych Med (S)			0	111
Antipsych Med (L)	N031.02		13	116
Antianxiety/Hypnotic (L)	N033.01		2	80
Behav Sx affect Others (L)	N034.01		23	113
Depress Sx (L)	N030.01		21	115
UTI (L)	N024.01		4	121
Cath Insert/Left Bladder (L)	N026.01		7	111
Lo-Risk Lose B/B Con (L)	N025.01		31	59
Excess Wt Loss (L)	N029.01		14	121
Incr ADL Help (L)	N028.01		10	100

CASPER QM Report

Quality Improvement Organizations

Measure Description	Current Numerator	Denominator	Facility Composite Percentage	Estimated Numerator	Recalculated Facility Composite Percentage	Percent of Change from Current Numerator to Estimated Numerator
SR Mod/Severe Pain (L)	3	104	2.88%		0.00%	-100.00%
Hi-risk Pres Ulcer (L)	5	96	5.21%		0.00%	-100.00%
Phys Restraints (L)	0	125	0.00%		0.00%	0.00%
Falls w/Maj Injury (L)	7	125	5.60%		0.00%	-100.00%
Antipsyc Med (L)	13	116	11.21%		0.00%	-100.00%
Depress Sx (L)	21	115	18.26%		0.00%	-100.00%
UTI (L)	4	121	3.31%		0.00%	-100.00%
Cath Insert/Left Bladder (L)	7	111	6.31%		0.00%	-100.00%
Lo-Risk Lose B/B Con (L)	31	59	52.54%		0.00%	
Excess Wt Loss (L)	14	121	11.57%		0.00%	
Incr ADL Help (L)	10	100	10.00%		0.00%	
Influenza Vaccine^	0	125	0.00%	0	0.00%	0.00%
Pneumococcal Vaccine^	0	125	0.00%	0	0.00%	0.00%
Composite	**115**	**1443**	**7.97**	**0**	**0.00**	**-100.00%**
Updated 03/02/2015						

Composite Calculator

Plug in CASPER QM Data in Composite Calculator

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Measure Description	Current Numerator	Denominator	Facility Composite Percentage	Estimated Numerator	Recalculated Facility Composite Percentage	Percent of Change from Current Numerator to Estimated Numerator
SR Mod/Severe Pain (L)	6	40	15.00%			
Hi-risk Pres Ulcer (L)	2	30	6.67%			
Phys Restraints (L)	0	50	0.00%			
Falls w/Maj Injury (L)	4	50	8.00%			
Antipsyc Med (L)	15	48	31.25%			
Depress Sx (L)	1	48	2.08%			
UTI (L)	1	50	2.00%			
Cath Insert/Left Bladder (L)	0	48	0.00%			
Lo-Risk Lose B/B Con (L)	12	31	38.71%			
Excess Wt Loss (L)	1	50	2.00%			
Incr ADL Help (L)	5	46	10.87%			
Influenza Vaccine	0	50	0.00%			
Pneumococcal Vaccine	0	50	0.00%			
Composite	**47**	**591**	**7.95**			

Updated 02/06/2015

Data provided is fictional

Input Data on Composite Calculator

1. Pull CASPER QM Facility Report w/ 6-month report period.
2. Bring up Composite Predictor Calculator Tool on your computer *(good idea to save a blank template of the tool).*
3. Transfer data from QM Facility Report to the Numerator and Denominator columns on composite calculator.
4. Enter flu and pneumococcal vaccine rates. The Numerator is # of residents who have not had the vaccines. Denominator is # of residents who could have had the vaccines *(typically just use facility census).*
5. Composite score reflected at bottom of "Facility Composite Percentage" column.

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Example of using the "What If" feature in the Estimated Numerator Column

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Measure Description	Current Numerator	Denominator	Facility Composite Percentage	Estimated Numerator	Recalculated Facility Composite Percentage	Percent of Change from Current Numerator to Estimated Numerator
SR Mod/Severe Pain (L)	6	40	15.00%	4	10.00%	-33.33%
Hi-risk Pres Ulcer (L)	2	30	6.67%	0	0.00%	-100.00%
Phys Restraints (L)	0	50	0.00%	0	0.00%	0.00%
Falls w/Maj Injury (L)	4	50	8.00%	2	4.00%	-50.00%
Antipsyc Med (L)	15	48	31.25%	12	25.00%	-20.00%
Depress Sx (L)	1	48	2.08%	1	2.08%	0.00%
UTI (L)	1	50	2.00%	0	0.00%	-100.00%
Cath Insert/Left Bladder (L)	0	48	0.00%	0	0.00%	0.00%
Lo-Risk Lose B/B Con (L)	12	31	38.71%	12	38.71%	0.00%
Excess Wt Loss (L)	1	50	2.00%	1	2.00%	0.00%
Incr ADL Help (L)	5	46	10.87%	4	8.70%	-20.00%
Influenza Vaccine	0	50	0.00%	0	0.00%	0.00%
Pneumococcal Vaccine	0	50	0.00%	0	0.00%	0.00%
Composite	**47**	**591**	**7.95**	**36**	**6.09**	**-23.40%**

Updated 02/06/2015

Data provided is fictional

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How to Do "What if" Scenarios on the Composite Calculator

- In the *"Estimated Numerator"* column, you can change up the numbers for every QM indicated
- The "*Recalculated Composite Percentage"* will be reflected at bottom of that column
- Example: You might discover that if 5 less residents triggered for the Pain QM, 4 less on the Antipsychotic QM, and 2 less on the Weight Loss QM, you could get your composite score down to 6.00 *(the calculator automatically assumes the same denominator number for both calculations)*

Polling Question

How often does your organization review your CASPER report?

a. Every month
b. Every 2-4 months
c. Every 5-7 months
d. Never

Putting It All Together: Next Steps

- Run monthly **CASPER Facility Quality Measure Report** and **Resident Level Characteristics Report**.
  - Use six-month timeframe
- Any QMs above 75 in the "Comparison Group National Percentile" column?
- Any QMs above state and national averages?
- Calculate your facility Composite Score and look for areas with high "facility composite percentages"
- Using the Composite Calculator, reduce QM numerators in areas with high "facility composite percentages" to determine QM goals

Select a QM to Improve

- Establish baseline (starting point)
- Set benchmark (what do you want it to be)
- Root Cause Analysis (why is this QM high)
- Implement a Plan-Do-Study-Act (PDSA) cycle
- Maybe form a PIP team to work on
- Keep goal and progress forefront – track data
- Communicate status/celebrate successes

Little Reminders

- **Numerator** – *actual* number of residents who were impacted by the QM condition during the report period
- **Denominator** – number of residents *potentially* impacted by the QM condition during the report period

Why is denominator different on CASPER QM reports?

- Short stay vs. long stay
- Only residents who are not excluded from the Quality Measure are counted in the denominator
- The Antipsychotic Quality Measure excludes Schizophrenia, Tourette's Syndrome and Huntington's Disease
- Some Quality Measures exclude the admission assessment or the 5 day PPS assessment

Calculating the QM Percentage Formula

Numerator divided by the denominator multiplied by 100 = Percentage

Example: __15__ / __48__ x 100 = __31.3%__

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Resources

MDS 3.0 RAI Manual:
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html

MDS 3.0 Quality Measures User Manual:
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html

Nursing Home Compare Five-Star Rating System:
http://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/FSQRS.html

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Achievement and Recognition of Collaborative Milestones

NEW

Five Milestone Levels	Why? How?

- Help keep you on track and moving forward
- Help keep staff aware and involved
- Way to track your progress
- You decide how your organization makes quality improvement
- Recognition of efforts
- Submission of checklists voluntary
- Keep electronic copy on your desktop
- Checklists/Templates/Notes are fillable format for easy tracking and submissions

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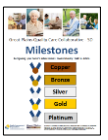
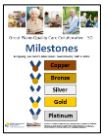
Copper – 1st Level



- ✓ Signed Participation Agreement for Collaborative
- ✓ Formed a facility project team
- ✓ Completed Pre-Work Assessments / Pre-Work Webinar *(QAPI Facility Self Assessment/Education Needs, QAPI 101 webinar optional)*
- ✓ Know your Quality Measure Composite Score

When completed go to Survey Monkey Link and record the "Copper" checklist

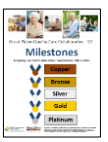
Bronze – 2nd Level



- ❑ Chosen a quality improvement project and began a PIP cycle
- ❑ Started a storyboard and/or a success story
- ❑ Know your current Quality Measure Composite Score
- ❑ Attended 2 SD/Great Plains QIN education offerings

When completed go to Survey Monkey Link and record the "Bronze" checklist

Silver – 3rd Level



- ❑ Completed and submitted a PDSA worksheet
- ❑ Shared first success story
- ❑ Know your current Quality Measure Composite Score
- ❑ Attended 3 more SD/Great Plains QIN educational offerings (for a total of 5)

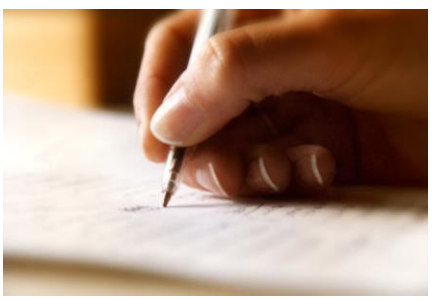
When completed, use Survey Monkey link to record checklist

To achieve PLATINUM Quality Milestone, homes will have done the following:

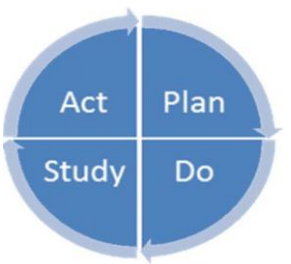
- ❑ Completed/submitted 2 QAPI Facility Self-Assessments
- ❑ Attended at total of 12 educational offerings
- ❑ Know your composite scores along the way
- ❑ Shared/submitted 3 PDSA Cycles
- ❑ Shared/submitted 3 Improvement Success Stories

Templates Provided in Quality Milestone Attachments if You Want to Use

Documenting and sharing improvement success story



Documenting and sharing our PDSA cycles



- Templates convenient, fillable form so can be done right on computer and easily submitted via the links provided . The fillable form makes it easy to archive.

PERFORMANCE IMPROVEMENT PROJECT (PIP) GUIDE

Quality Improvement Organizations | SOUTH DAKOTA Foundation for Medical Care

START DATE	REVIEW DATE(S)	COMPLETE DATE	PIP SQUAD MEMBERS
3/21/15	5/21/15	Continuous + ongoing	1. Angela Dolber 2. Teresa Allen 3. Kathy Styles 4. 5. 6. 7.
PROJECT LEADER:	Angela Dolber		
KEY AREA FOR IMPROVEMENT:	Falls		
GOAL: Specific, Measureable, Action Oriented, Realistic, Time Bound	We will have a decrease in the number of falls and decrease in falls ☐ major injury		

WHAT IS THE ROOT CAUSE(S) FOR THE PROBLEM? Ask "Why is this happening?" 5 times. If you removed this root cause, would the event have been prevented?

Meds, toileting, weakness, disorientation

BARRIERS:

Communication for residents who are unable to get their needs across

BRAINSTORM POSSIBLE SOLUTIONS and START YOUR PDSA CYCLE (PLAN, DO, STUDY, ACT) – See page 2

PERFORMANCE IMPROVEMENT PROJECT (PIP) GUIDE

Quality Improvement Organizations | SOUTH DAKOTA Foundation for Medical Care

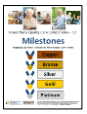
BRAINSTORM:

Implement education for CNAs to do more diligent toileting; look at times of falls - are they have low B/P, do they need to use the BR? ; Can they have PT implemented to ↑ their strengthening?
Activate the Fall Investigation Program / Fall Scene Investigation

PLAN	DO			STUDY AND ACT	
LIST THE TASKS TO BE DONE	RESPONSIBLE MEMBER	START DATE	ACTUAL COMPLETION DATE	COMMENTS (RESULTS/LESSONS LEANRED)	ADOPT/ADAPT/ABANDON (CHOOSE ONE)
Evaluate falls - do they need PT, toileting, meds Δ?	Angela	3/21/15	5/21/15	decreased # of falls per month	PT adopt PT
Education on aides to ensure proper toileting	Angela	3/21/15			

STUDY AND ACT					
BENCHMARKS/METRICS How will we measure progress	BASELINE DATE	FIRST MEASUREMENT DATE	SECOND MEASUREMENT DATE	FINAL MEASUREMENT DATE	COMMENTS
Look at number of falls at ~~PPP~~	12/2014	20 falls 12/14	13 falls 3/30/15	5/21/15 7 falls	Continuing process

THANKS for SHARING Aurora- Brule Nursing Home, White Lake!



In Review: When Milestone level completed – document and submit your achievements

Each milestone level has a checklist and an online link for easy, efficient and convenient submitting and recording efforts

Sharing PDSA Cycle and Improvement Success Story can be simply emailed to lori.hintz@area-a.hcqis.org

- Can use templates provided **OR**
- Can use your own PDSA and/or PIP forms **OR**
- Perfectly fine just to write something up on piece of paper

The point is to **SHARE** best practices and lessons learned in our Nursing Home Quality Care **COLLABORATIVE**

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Upcoming Events

- July 9 @ 2 pm CT – Promoting Mobility Webinar
- July 16 @ 12:30 pm CT – Dementia Support Across – the Continuum Webinar
- August 13 – Time TBD: Non-Pharmacological Interventions for Behaviors Webinar
- September – Date/Time TBD: Dementia/ Behavioral Meetings tentative topic
- September – SDHCA and SDAHO Fall Conferences
- October 8 @ 2 p.m. CT – Leadership as a Supervisor Webinar

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Thank you to Theresa Debilzan, Lake Norden GLC for manning today's webinar chat box!

I'm available for individualized technical assistance on the Quality Composite Score. Contact me!

Contact Information

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